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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Summary of the Human Rights Council panel discussion on the progress in and challenges of addressing human rights issues in the context of efforts to end the HIV/AIDS epidemic by 2030

Summary

The present summary report was prepared in accordance with resolution 30/8 of the Human Rights Council, in which the Council decided to convene a panel discussion on the progress in and challenges of addressing human rights issues in the context of efforts to end the HIV/AIDS epidemic by 2030. The panel discussion, organized by the Office of the United Nations High Commissioner for Human Rights, was held on 11 March 2016, at the thirty-first session of the Council. Pursuant to resolution 30/8, the Council invited the General Assembly to take the summary report into consideration ahead of and during the high-level meeting on HIV/AIDS due to take place in June 2016. The panel discussion and the contribution of the Council were also highlighted in Assembly resolution 70/228 on modalities for organizing the high-level meeting on HIV/AIDS.

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Contents

		Page
I.	Introduction	3
II.	Summary of the discussion	4
	A. Opening remarks	4
	B. Overview of the presentations by the panellists	5
	C. Interventions by representatives of States members of the Human Rights Council, observer States and other observers	7
III.	Conclusions	9
IV.	Summary recommendations for the high-level meeting on HIV/AIDS	10

I. Introduction

1. In its resolution 30/8, the Human Rights Council decided to convene a panel discussion at its thirty-first session on the progress in and challenges of addressing human rights issues in the context of efforts to end the HIV/AIDS epidemic by 2030, to coincide with the twentieth anniversary of the International Guidelines on HIV/AIDS and Human Rights. The Council invited the United Nations High Commissioner for Human Rights to liaise with States and stakeholders, including relevant United Nations bodies, agencies, funds and programmes, treaty bodies, special procedure mandate holders, national human rights institutions and civil society, with a view to ensuring their participation in the panel discussion.

2. Also in its resolution 30/8, the Human Rights Council requested the High Commissioner for Human Rights to prepare a summary report of the panel discussion and to submit it to the Council at its thirty-second session and invited the General Assembly to take the summary report into consideration ahead of and during the high-level meeting on HIV/AIDS due to take place in June 2016. Pursuant to that request, the present report is intended to support the commitment to ending the AIDS epidemic by 2030, and to contribute to the discussions at the high-level meeting. The panel discussion and the contribution of the Council were also highlighted in Assembly resolution 70/228 on modalities for organizing the high-level meeting on HIV/AIDS.

3. The interactive panel discussion was chaired by the Vice-President of the Human Rights Council, Bertrand de Crombrugghe, and was moderated by the Permanent Representative of Mozambique to the United Nations Office and other international organizations in Geneva, Pedro Afonso Comissário. The Deputy High Commissioner for Human Rights, Kate Gilmore, delivered an opening statement, after which a three-minute video entitled *15 Years of the AIDS Response 2000-2015*[1] was screened. The Deputy Executive Director of Programme at the Joint United Nations Programme on HIV/AIDS (UNAIDS), Luiz Loures, delivered a keynote address. The panellists were the Public Campaign Officer at the Indonesia AIDS Coalition, Ayu Oktariani; the Minister for Gender, Children and Social Protection, of Ghana, Nana Oye Lithur; the Vice-President of Health Production and Innovation, Oswaldo Cruz Foundation (Fiocruz), Ministry of Health of Brazil, and member of the High-level Panel on Access to Medicines, Jorge Bermudez; the Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Mark Dybul; and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Dainius Pûras.

4. Following the panellists' brief opening remarks, States, national human rights institutions, non-governmental organizations and other observers were encouraged to intervene by asking questions, making comments, and sharing good practices and challenges as well as recommendations on the way forward. The panel discussion provided a platform for experts and representatives of the populations affected to review the progress that had been made in addressing human rights issues in the context of efforts to end the HIV/AIDS epidemic by 2030, which included successes, best practices and lessons learned.

[1] Produced by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

II. Summary of the discussion

A. Opening remarks

5. In her opening remarks, the Deputy High Commissioner said that 20 years on from the International Guidelines on HIV/AIDS and Human Rights being issued, much progress had been made, compared to the early days when the response to HIV/AIDS was characterized by fear and panic. She emphasized that HIV/AIDS could today be treated as a chronic infection if antiretroviral treatment and effective health-care services were available and accessible, and drew attention to the evidence that human rights approaches enhanced the effectiveness of HIV/AIDS programmes.

6. However, multiple human rights challenges stood in the way of ending the AIDS epidemic, and a lack of respect for human rights led to poor health outcomes. In that regard, she noted that poverty, inequality and discrimination were intimately linked to the spread of HIV, and that stigma and discrimination remained major obstacles to those affected by HIV/AIDS being diagnosed, accessing treatment or disclosing an HIV-positive status. For example, societal norms and practices that relegated women to lower standing in society accounted, in part, for poor health outcomes for women, and mortality rates due to AIDS continued to grow among adolescents during the period in which the Millennium Development Goals were being implemented, in spite of declines among other age groups.

7. The Deputy High Commissioner emphasized that, in order to realize human rights for all and leave no one behind, it was crucial to overcome the discrimination and barriers to accessing health care that were faced by marginalized population groups, which must be enabled to participate in the design and implementation of policies to address HIV/AIDS. The human rights principles of non-discrimination, access to information, privacy and confidentiality were especially valuable in that regard.

8. She noted that a lack of universal health coverage and a lack of access to medicines were human rights concerns of central importance in the response to HIV/AIDS. From a human rights perspective, universal health coverage required conditions in which every person in need had access to appropriate medical attention and services, and it was crucial to go beyond simply expanding coverage and to ensure a focus on equitable access for all. She stressed that, while scientific freedom had allowed for major advancements in health technologies, it came with the associated right for everyone to be able to enjoy the benefits of scientific progress and its applications. And yet, intellectual property rights had been allowed to take precedence over the protection of public health, severely limiting access to life-saving and health-preserving medicines for persons living with HIV/AIDS.

9. She remarked that, based on the recommendation of the Global Commission on HIV and the Law, the Secretary-General had established a high-level panel to propose solutions to remedy policy incoherence in this area, and noted that the Office of the High Commissioner for Human Rights was an active member of the expert advisory group supporting the panel. In closing, she recalled that human rights considerations had been vital in advancing in the fight against HIV/AIDS and were key to achieving further progress. She called for accountability, with the involvement of civil society, human rights activists and people living with HIV/AIDS, for the fulfilment of the obligation to end stigma and discrimination and for governments to make health care available to all those in need.

10. In his keynote address, Dr. Loures indicated that there was now a historic opportunity, which could not be missed, to end AIDS within our lifetimes. He identified the upcoming high-level meeting in New York as the opportunity to establish the commitments that would be required in order to put the world on the path to ending AIDS as a public

health threat, and invited the Human Rights Council and ambassadors to ensure that human rights were at the centre of the discussions at the General Assembly. He pointed out that because the tools were available, there was a collective responsibility to end AIDS by 2030. Human rights were more central to the fight against AIDS today than ever before, as the history of success against the epidemic had been uneven. While much progress had been made, that has not been the case for everyone. He said that failure to protect human rights, particularly of those most vulnerable to and affected by the AIDS epidemic, was now more than ever making the difference between life and death. He stressed that unless we removed the legal and policy barriers that resulted in people being left behind, we would not be able to put an end to the AIDS epidemic.

11. He emphasized that the current priority was to address the fundamental factors that were preventing progress against AIDS, and that the challenge today was to make human rights work for people. He stressed that discrimination in health-care settings was unacceptable, and yet HIV-positive people continued to be denied health services and to be discriminated against. He also noted that, since we had the tools to end AIDS, the outcomes for persons living with HIV should not be determined by who they were or where they lived. Whereas geography was less important now than in the past in determining access to treatment, vulnerability to HIV and access to services were determined more than ever by gender, sexual orientation, or the fact of being a detainee, an injecting drug user or a sex worker. He noted that the current rates of AIDS among sex workers in some sub-Saharan African countries were unacceptably high. He also stressed that higher HIV vulnerability among women and girls or among gay men and transgender people was less about biology than about the social, legal and human rights challenges faced by these populations.

12. While citing the overall progress in the HIV/AIDS response, with some 16 million people on antiretroviral treatment today, Dr. Loures recalled that 35 million deaths had been caused by HIV/AIDS and lessons must be learned. In spite of important progress in the AIDS response, the paradox was that, while the science had advanced, the solution was yet to materialize. He said that lack of respect for and protection of human rights was the main determinant of the epidemic. He also noted that there was a looming treatment crisis associated with the ongoing inadequate delivery of treatment and inadequate access to treatment, due to costs and a lack of adequately equipped systems. He recalled the successes in bringing about a global shift in the HIV/AIDS response over the past 20 years, the greatest driver of which had been social movements. Civil society organizations, in particular those representing people living with HIV, had been at the forefront of the progress achieved in the AIDS response, from demanding the protection of their human rights to setting up programmes to improve access to justice and health services.

B. Overview of the presentations by the panellists

13. The moderator, Mr. Comissário, spoke of the twentieth anniversary of the International Guidelines on HIV/AIDS and Human Rights and emphasized that the vision now was to end the AIDS epidemic by 2030. He reiterated that the panel discussion was taking place in the context of preparations for the high-level meeting in New York in June 2016, and that the composition of the panel reflected efforts undertaken by civil society, experts, the United Nations entities concerned, Governments, and activists on the ground.

14. Ms. Oktariani described her experience of living with HIV, from her initial diagnosis to her current role as an advocate for the empowerment of her community and for the voiceless. She emphasized that efforts to tackle the HIV/AIDS epidemic could not be separated from fulfilment of the human rights of the people affected by it. Women, young people and children were those who were most often left behind due to failures to provide

the necessary treatment to them, which was unjust and needed to be rectified with programmes to address their specific vulnerabilities.

15. She stressed that efforts to scale up HIV testing and treatment services would remain devoid of meaning and elusive without a full recognition of human rights in AIDS programmes and policies. The lesbian, gay, bisexual and transgender community was still living in fear, and the criminalization of drug users needed to be eliminated. She emphasized that access to affordable medicines was a human right, and that people had to be put ahead of profits. In that regard, she pointed out how trade agreements such as the Trans-Pacific Partnership could endanger access to life-saving commodities.

16. Ms. Lithur presented her experience of fighting HIV/AIDS in Ghana, which had included working as a human rights lawyer, and supporting people affected by HIV/AIDS at her human rights clinic. She recalled that the clients for whom she had been an advocate were not able to access legal remedies or redress for human rights violations. They faced increased vulnerabilities and were often the victims of various forms of human rights violations. She noted that gender-based violence was prevalent, in a context where discrimination and poverty were widespread. For example, police officers tasked with enforcing the law and protecting citizens were often involved in sexual assaults on young sex workers, while service providers in health care, social services and law enforcement were unable to assist.

17. Speaking about what the most effective strategies were, Ms. Lithur referred to advocacy, research, direct interventions at all levels, and the use of international, regional and national laws and conventions. She had used these strategies to strengthen the legal and policy framework, and had conducted a comprehensive legislative audit in Ghana to identify gaps and initiate action to repeal, amend and review laws, in order to create a more favourable legal environment. The audit report had been instrumental in creating the national HIV policy in Ghana in 2011, and an HIV law under consideration by the Cabinet. She had also been supported by the United Nations Population Fund to research human rights violations carried out against female sex workers by police officers. This had led to the development of curricula and then to the training of police officers and key populations, on HIV/AIDS. She had also conducted the first-ever training programme, for service providers, on key populations and human rights, including for the Department of Social Welfare, the Police Domestic Violence and Victim Support Unit, and the Commission on Human Rights and Administrative Justice. A human rights clinic had been set up in 2008, and by the end of 2015 it had provided support to 1,568 persons. Finally, she noted the establishment of a pro bono lawyers' network comprising 100 lawyers registered to deal with HIV-related cases.

18. Dr. Bermudez said that barriers to access to medicines included intellectual property rules, monopolies, oligopolies and unaffordability. The world had been struggling fiercely for 20 years to strike a balance between trade and health, or between innovation and health, and it had failed. Brazil was one of the first countries in the world to establish a national HIV/AIDS response programme, in 1985. The Brazilian response was based on a human rights approach, with efforts to ensure universal access to prevention and treatment, including through special measures to promote non-discrimination and civil society participation. A comprehensive approach, whereby both prevention and care would be addressed through local public production and through public-public and public-private partnerships, was currently at risk due to the looming treatment crisis.

19. The appointment of 16 members to the High-level Panel on Access to Medicines, in December 2015, with two former presidents as Co-Chairs, was an indication of the importance that the Secretary-General of the United Nations placed on the issue of access to medicines, and a recognition that in spite of all the progress made in health care, millions of people had been left behind. The scope of the panel's mandate was to make proposals on

how to address policy incoherence in public health, trade, the justifiable rights of inventors, and human rights. Today, the world was facing innovation restricted to the rich and health systems in a state of near-collapse, and not only in the Global South. This situation was characterized by high and unjustifiable prices of new products and the unaffordability of new technologies. The international community needed to be bold and find ways to overcome the barriers, which included regulatory and intellectual property barriers, and to redouble its efforts to strengthen health systems and ensure healthy lives for all, in line with the ambitious agenda committed to in the Sustainable Development Goals.

20. Dr. Dybul stated that the Global Fund had disbursed nearly $4 billion to support local programmes that had prevented the premature deaths of millions of people from HIV, tuberculosis and malaria. There had been great progress, he said, with almost every country now implementing prevention and treatment programmes. HIV did not affect people equally, and the international community had to move towards being more inclusive. The Global Fund had had a human rights objective in its strategy since 2011. In many settings, the impact of the Global Fund's grants was greatly reduced because of human rights-related barriers to services, such as women and girls being denied access to testing and treatment.

21. Dr. Dybul noted that UNAIDS, which was a close partner of the Global Fund, had defined seven key programmes that reduced human rights-related barriers to services, including programmes for legal literacy, also referred to as "know your rights" programmes. However, investment in those programmes remained minimal. Introducing and scaling up programmes that removed human rights barriers to accessing services would be among the main objectives of the Global Fund's strategic framework for 2017 to 2022. Efforts would be concentrated on 15 to 20 countries that had particular needs as well as particular opportunities for introducing and scaling up programmes. The aim was increased uptake and ongoing use of services through decreased levels of stigma and discrimination.

22. Mr. Pūras underlined the role of health-care settings as spaces where key populations should have access to the services and information they needed. All over the world, people faced various forms of discrimination in relation to health care. Evidence showed that health-care settings were among the environments where people most often experienced HIV-related stigma and discrimination. Such discrimination was often linked, among other factors, to gender, race, socioeconomic status, age, sexual orientation, gender identity and expression, drug use or HIV status. Some of the most common manifestations of discrimination in health-care settings included the denial of health care and unjust barriers in service provision, inferior quality of care, disrespect, abuse and other forms of mistreatment, and extreme violations of autonomy and bodily integrity. Evidence had shown that the interventions that worked the best were those that were based on a strong human rights approach, and that quality health care had to be provided in a timely manner without discrimination.

C. Interventions by representatives of States members of the Human Rights Council, observer States and other observers

23. In the ensuing discussion, contributions were made, in the following order, by representatives of Brazil on behalf of Colombia, Mozambique, Portugal and Thailand, Pakistan on behalf of the Organization of Islamic Cooperation, the Dominican Republic on behalf of the Community of Latin American and Caribbean States, Kuwait on behalf of the Group of Arab States, the European Union, Portugal on behalf of the Community of Portuguese-speaking Countries, Saint Vincent and the Grenadines, Egypt, Poland, Colombia, Morocco, India, the United States of America, Chile, Denmark, Paraguay, Estonia, Saint Kitts and Nevis, Namibia, El Salvador, Switzerland, Monaco, the Islamic Republic of Iran, Malawi, Panama, Australia, Austria, Ecuador, Uruguay and Cuba. Some

contributions were not delivered due to lack of time, including those of Albania, Algeria, Angola, the Bahamas, Belarus, Belgium, China, Ethiopia, France, Georgia, the Holy See, Kyrgyzstan, Lesotho, Malaysia, the Netherlands, the Republic of Moldova, the Russian Federation, South Africa, Swaziland, Thailand, Tunisia, the Bolivarian Republic of Venezuela, and Viet Nam.

24. Representatives of the following non-governmental organizations and intergovernmental organizations contributed to the discussions: the Elizabeth Glaser Pediatric AIDS Foundation (in a joint statement with Caritas Internationalis and World Vision International), the Center for Reproductive Rights (in a joint statement with the ATHENA Network, the International Community of Women Living with HIV/AIDS and Vivo Positivo), the International Harm Reduction Association, the International HIV/AIDS Alliance (in a joint statement with the International Lesbian, Gay, Bisexual, Trans and Intersex Association, the International Council of AIDS Service Organizations, the Canadian HIV/AIDS Legal Network, the Global Network of People Living with HIV, the International Planned Parenthood Federation, the International AIDS Society, the Grandmothers' Advocacy Network and the Humanist Institute for Cooperation with Developing Countries), the World Young Women's Christian Association, and Action Canada for Population and Development.

25. The World Food Programme and the International Labour Organization also took the floor. Due to a lack of time, contributions were also registered but not delivered from the International Development Law Organization, the United Nations Office for Project Services, the United Nations Development Programme, the World Health Organization and the United Nations Population Fund.

26. All speakers reaffirmed their commitment to ending HIV/AIDS, and there was a broad consensus that human rights should be at the core of global, regional and national strategies to end the epidemic. Several delegates emphasized that ending HIV/AIDS would require international human rights obligations to be fulfilled, and access to health care, treatment and medicines for all to be promoted. They stressed the importance of international cooperation in that regard, with some pointing out that in order for no one to be left behind, the international community needed to redouble its efforts, strengthening its cooperation on universal access to medicines and antiretroviral treatment. Speakers emphasized that the human right to health should be fulfilled for everyone, without discrimination, and that in order to reach the many in need who still did not have affordable access to antiretroviral drugs, States could make use of the flexibilities under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement.

27. Several speakers underlined the importance of ending the discrimination, stigma and violence associated with HIV/AIDS, and identified a need for tailored approaches targeting those with heightened vulnerability to HIV/AIDS, including children and adolescents, women and girls, sex workers, lesbian, gay, bisexual and transgender people, people who injected drugs and prison inmates. Several speakers stressed the importance of eliminating punitive laws against those most vulnerable to HIV/AIDS, for example the laws that criminalized, inter alia, drug users, same-sex relations, sex workers, and HIV non-disclosure, exposure or transmission. It was also noted that punitive approaches in relation to drug use were impeding global efforts to end the HIV/AIDS epidemic.

28. Speakers pointed out that in order to bring about an effective, human rights-based response and end HIV/AIDS by 2030, a strengthened gender focus was needed. They identified gender-based inequality, discrimination and violence as causal factors in the continuing spread of HIV/AIDS, and stressed that it was necessary to end gender-based discrimination, for example by promoting gender equality and the empowerment of women and girls in society and ensuring access to sexual and reproductive health and rights. Some speakers also noted the obligation of States to uphold children's rights to health and life, by

tackling the mother-to-child HIV transmission rate and by enacting stronger legislation to fight child exploitation. Others drew attention to the protection of human rights at work as being central to the fight against HIV/AIDS, including through the implementation of international standards that provided protections against workplace discrimination and prohibited mandatory HIV testing or screening as a precondition for employment.

29. Many speakers described their national, regional and international efforts to end the HIV/AIDS epidemic, citing specific examples of national progress that had resulted from using strategies and approaches based on human rights. These were, among others, the scaling up of resources for HIV/AIDS prevention, treatment and care; multisectoral, regional and other partnership approaches, alongside integrated strategic planning across service sectors; the provision of voluntary, anonymous and free testing for HIV; the provision of free and effective antiretroviral therapy to all HIV-positive patients; the provision of universal access to health care and to prevention programmes; sexual and reproductive health-care strategies; programmes to prevent mother-to-child transmission; programmes designed to tackle stigma and discrimination; and community-based, participatory approaches to prevention, treatment and care, in which those affected by HIV/AIDS were seen not as a problem but rather as part of the solution.

30. Other speakers described the ongoing challenges that still impeded access to health care and antiretroviral treatment for all those in need. They pointed out that the reasons why many people were still being left behind in the HIV/AIDS response included inadequate resources and capacity at the national level, the high pricing of antiretroviral treatment and diagnostics, and insufficient progress in international cooperation on access to medicines. Speakers also emphasized that addressing discrimination, which continued to drive infection rates, was difficult. Some speakers noted that legislation and policies were not enough to tackle discrimination and other factors driving the epidemic. Moreover, speakers stressed that the situation of certain vulnerable groups made it particularly difficult to ensure their access to HIV treatment, and to uphold their sexual and reproductive rights. Some also noted that the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, of 2011, remained an important agreed framework that reaffirmed "the need for all countries to implement the commitments and pledges in the present Declaration consistent with national laws, national development priorities and international human rights".[2]

III. Conclusions

31. **In their concluding comments, the panellists re-emphasized the imperative of promoting quality health care and eliminating stigma and discrimination, through a pragmatic approach guided by human rights. They emphasized that the Sustainable Development Goals could only be achieved if non-discrimination and gender equality were also achieved. In that regard, the panellists recommended a long-term approach in which human rights were advanced as a priority, actions were targeted at the groups and populations that were affected the most, and legal challenges and opportunities were also prioritized. They identified Ghana and Mozambique as examples of countries in which human rights progress had been achieved through legislative measures, and urged the African region to tackle gender issues and other key issues in which traditional beliefs and practices played a role, as the imperative was to save human lives.**

[2] See General Assembly resolution 65/277, para. 2.

32. Panellists urged States to take a stand against economic and political pressure and to put people first, combining the elimination of punitive laws against the groups most at risk with increased funding of human rights-based approaches and with access to the necessary medicines, science and technologies. They noted that access to science and technology was a global issue that required international cooperation. To make the aims of the 2030 Agenda for Sustainable Development and the 90-90-90 treatment target[3] attainable, it would be essential for the international community to cooperate in order to bring about access to new technologies. Affordability and access to medicines were major challenges to ending AIDS and other global epidemics. Panellists urged States to be bold and make use of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement flexibilities. They noted that TRIPS plus agreements should be discontinued as they hampered access to medicines, and they underlined the importance of the work of the High-level Panel on Access to Medicines.

33. The panellists emphasized that the Sustainable Development Goals called for integrated and holistic approaches, and that such approaches would be indispensable to the realization of universal health coverage. They noted that the present crisis in health systems and in access to treatment was also an opportunity for the AIDS response to be strengthened through universal health coverage delivered on the basis of accountability, solidarity and collaboration, in which the priority was for no one to be left behind.

IV. Summary recommendations for the high-level meeting on HIV/AIDS

34. In its resolution 30/8, the Human Rights Council invited the General Assembly to take the present report into consideration ahead of and during the high-level meeting on HIV/AIDS to take place in 2016.[4] In addition, Assembly resolution 70/228 highlighted the importance of the contribution of the Human Rights Council to the high-level meeting. Accordingly, the present summary of recommendations is intended to support the commitment to ending the AIDS epidemic by 2030 and to contribute to the discussions during the high-level meeting.

35. It was emphasized at the panel discussion that HIV/AIDS remained among the greatest challenges of our time, and that the lives of human beings and respect for human dignity were at stake. Today, there was a historic opportunity that could not be missed, to put an end to AIDS within our lifetimes. The international community had made great progress in the fight to end HIV/AIDS, but much more needed to be done both individually and collectively. Progress to date had been uneven, and the current challenge was to reach the many who were still being left behind. Efforts to eliminate HIV/AIDS had, to date, proved most effective when they were rights-based. Moreover, it was a matter of respect for human dignity that the HIV/AIDS response should, at all levels, be designed to tackle the stigma, discrimination and violence that continued to drive the spread of the epidemic. The panel stressed that the world would not succeed in ending AIDS as a public health threat by 2030 without renewed commitments and efforts to address the legal and human rights barriers that made people vulnerable to HIV and blocked effective responses to the epidemic. Five salient points were highlighted in these respects:

[3] See http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf.

[4] See Human Rights Council resolution 30/8 and General Assembly decision 68/555.

(a) **The AIDS epidemic is, today more than ever, characterized by stigma and discrimination. People living with HIV continue to face stigma and discrimination in all sectors, including within families and communities, at the workplace and in health-care settings. The people who are the most vulnerable to HIV, who include women and girls, sex workers, lesbian, gay, bisexual and transgender people, people who inject drugs and people in detention, face high levels of stigma and discrimination. Addressing stigma and discrimination in all aspects of life and society, including in health-care settings, is therefore the essential basis for ending AIDS by 2030.**

(b) **Universal health coverage is fundamental to an effective HIV/AIDS response, and every person should have access to appropriate medical attention and services. Beyond simply expanding coverage, it is essential to bring about equitable access to health care for all. Rights-based health services are needed, in order to ensure the availability, accessibility, acceptability and quality of treatment without discrimination. Special approaches are needed to reach marginalized groups and other populations who are being left behind and who face greater barriers to accessing health care, and these groups should be enabled to participate in the design and implementation of policies to address HIV/AIDS.**

(c) **Access to medicines for all is essential to ending AIDS and to realizing the right to health. Scientific freedom, which has led to advancements in health technologies, comes with the associated right for everyone to be able to enjoy its benefits and applications. Intellectual property rights must not be allowed to take precedence over public health and over the right of all persons living with HIV/AIDS to have access to life-saving medicines. As the tools for ending AIDS are available, they must be made accessible to all those who are in need of treatment. The human right to health should take precedence over profit, and it is crucial that transformative global cooperation be accelerated on the basis of the common aim of enabling access to medicines for all.**

(d) **It is essential to maintain efforts to review and reform laws, policies and practices that adversely affect the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with HIV and other key populations, including the laws that criminalize, *inter alia*, drug users, same-sex relations, sex workers, and HIV non-disclosure, exposure and transmission.**

(e) **Human rights programmes that have proved successful in addressing vulnerability to HIV, and in addressing barriers to accessing HIV treatment and health care services, need to be scaled up and adequately funded. This should include programmes aimed at eliminating stigma and discrimination against people living with and affected by HIV and against their families, including by sensitizing the police and judges, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, legal literacy and legal services, and monitoring the impact of the legal environment on HIV prevention, treatment, care and support.**